

**Message: Modified Invoice Template****✉ Modified Invoice Template****From**

Kraft, Emily

**Date** Friday, March 3, 2017 10:17 AM**To**

'Abigail Chisom'

**Cc**[LCPSC Invoice Template.xlsx](#) (16 Kb HTML)

This version should have a large enough column for the prior invoiced total.

**Emily Kraft***Management Analysis Specialist**OA/Division of Personnel**Truman Building, Room 430**Jefferson City, MO 65102**Phone: (573) 522-0003*

# Invoice

A	B	C	D	E	F	G	H	I	J	K	L	M
				<u>Alternatives to Abortion Invoice</u>								
<b>1</b>												
<b>2</b>												
<b>3</b>	Contract #	CS170042005					<b>Vendor Name:</b>	Laclede County Pregnancy Support Center				
<b>4</b>	Vendor Number:	43169397000/MB00097817					<b>Vendor Address:</b>	P.O. Box 373  Lebanon, MO 65536				
<b>5</b>												
<b>6</b>												
<b>7</b>	Bill To:	Office of Administration Commissioner's Office 201 W. Capitol Ave, Room 125 Jefferson City, MO										
<b>8</b>												
<b>9</b>												
<b>10</b>		65101										
<b>11</b>												
<b>12</b>	Invoice Number:											
<b>13</b>	Invoice Date:											
<b>14</b>	Service Period:											
<b>15</b>												
<b>16</b>												
<b>17</b>	Total Contracted Allocation			Prior Invoiced Total			Monthly Award Amount					
<b>18</b>												

**19** \$ 89,272.92                    \$ -        \$ 17,854.58

**20**  
Quarterly  
expenditure                            \$ -

**21** adjustment:

**22**

**23** Total Due:                            **\$ 17,854.58**

**24**

Allocation                                    \$ 71,418.34

**25** Remaining

**26**

**27**

**28**

**29**

**30** Signature: \_\_\_\_\_

**31**

**32**

**33**

**34**

**35**